

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8656	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name LOLA FEHR P.O. Box, Bldg., Room No., if any Street 17 WOODLAKE RD APT #1 City ALBANY State New York ZIP Code + 4 12203	4. Name, file number, and address of labor organization. Name NEW YORK STATE NURSES ASSOC Labor Organization File Number 038-970 P.O. Box, Building and Room Number, if any Street 11 CORNELL RD City LATHAM State New York ZIP Code + 4 12110
5. Position in labor organization. EXECUTIVE DIRECTOR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Lea M. Felt

On

08/09/2005

Date

970-782-9400 X201

Telephone Number

Name of Person Filing **LOLA FEHR**File Number **U-**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **N/A**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **N/A**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **NYSNA PENSION**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **PO BOX 12340**

Street

City **ALBANY**State **New York**

ZIP Code + 4

12212-2430

14.a. Nature of payment.

TRAVEL EXPENSE REIMBURSEMENTS13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$2,059

Name of Person Filing LOLA FEHR	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text" value="NYSNA Benefits"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text" value="PO BOX 12340"/> Street <input type="text"/> City <input type="text" value="ALBANY"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="12212-2430"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Travel Reimbursements </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">\$2,059</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text" value="JLT"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="13 Cornell Rd"/> City <input type="text" value="Latham"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="12110"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Insurance Vendor Dinner(s) </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">\$115</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;"></div>